

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018216

FILED
Apr 29, 2005
Secretary of State

Entity Name: SPECTRA HEALTHCARE OF FLORIDA, L.L.C.

Current Principal Place of Business:

8201 PETERS ROAD
SUITE 1000
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8201 PETERS ROAD
SUITE 1000
PLANTATION, FL 33324

New Mailing Address:

3001 N ROCKY POINT DRIVE E
SUITE 200
TAMPA, FL 33607

FEI Number: 68-0487785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENTON, STEPHEN M
8201 PETERS ROAD
SUITE 1000
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

BENTON, STEPHEN M
3001 N ROCKY POINT DRIVE, E
STE 200
TAMPA, FL 33607 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: KELLY, RONN S
Address: 8201 PETERS ROAD, SUITE 1000
City-St-Zip: PLANTATION, FL 33324 US

Title: MGR () Delete
Name: CROOK, MATTHEW
Address: 8201 PETERS ROAD, SUITE 1000
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: BENTON, STEPHEN
Address: 8201 PETERS ROAD, SUITE 1000
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: WHITNEY, DAN
Address: 345 N. RIVERVIEW ROAD, SUITE 600
City-St-Zip: WICHITA, KS 67203

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KELLY, RONN S
Address: 3001 N ROCKY POINT DRIVE E, STE 200
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM (X) Change () Addition
Name: CROOK, MATTHEW
Address: 509 WEST DOUGLAS
City-St-Zip: ANDOVER, KS 67002

Title: MGRM (X) Change () Addition
Name: BENTON, STEPHEN
Address: 4771 E. LATOKA CT
City-St-Zip: SPRINGFIELD, MO 65809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RONN KELLY

MGRM

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date